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Complete and seal'th	iis:torm, together wit	п аррисавіе іс	Commissioner 1 P.O. Box 1450				
				Alexandria, Virginia 22313±1450 (703) 746-4000			
appropriate All further con	espondence including the le clow or directed otherwise	Patent, advance ord	E FEE and I	UBLICATION FEE (if requirements of maintenance fees	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	Correspondence address as	
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for	any change of address)	Fee(s) Transmittal. T	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
DUNLAP, CODDING & ROGERS P.C. PO BOX 16370 OKLAHOMA CITY, OK 73113				C I hereby certify that States Postal Service	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above; or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
OKLAHOMA CITY, OK. 73113				(lus	Christopher W. Corbett (Depositor's name) *** BY EXPRESS/MAIL ON 08/27/2007** (Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/769,686	01/30/2004		Lijun	Xia	5920.002	9134	
TITLE OF INVENTION: FUCOSYLATED HEMATOPOIETIC STEM CELL COMPOSITIONS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	08/29/2007	
EXAMINER .		ART UNIT		CLASS SUBCLASS PA	70/2007 HOEBRENZ 03000	1228 10769686	
BELYAVSKYI, MICHAIL A 1644			,	435-366000	FC:4501	70%, 6%, 6%	
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02	Correspondence	2. For printing on the patent front page? list:: 1524 (1) the names of up to 3 registered patent attorneys or agents OR; alternatively; (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3.					
Number is required.			ame will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
OKLAHOMA MEDICAL RESEARCH FOUNDATION Oklahoma City, Oklahoma							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): □ A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status a. Applicant claims S	(from status indicated above				ALL ENTITY status. See 37 G		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the resc	is requested to apply the Iss ublication Fee (if required) ords of the United States Pat	ue Fee and Publicate will not be accepted and Trademark	tion Fcc (if an I from anyone Office.	y) or to re-apply, any previous other than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or	ation identified above. the assignee or other party in	
Authorized Signature Date 08/27/2007							
Typed or printed name Christopher W. Corbett Registration No. 36,109							
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